

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 485 (R) 2  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		2	/			
2		/		/			52		2	/			
3		/		/			53	/		/			
4		/		/			54		/	/			
5		4		/			55		/	/			
6		4		/			56		/	/			
7		4		/			57		/	/			
8		4		/			58		/	/			
9		4		/			59	/		/			
10		4		/			60		/	/			
11		4		/			61		2	/			
12		4		/			62		2	/			
13		4		/			63	/	2	31	/		
14		4		/			64	/	2	/			
15		4		/			65		2	/			
16		4		/			66		2	/			
17		4		/			67		/	/			
18	/		/				68						
19		/		/			69						
20		/		/			70						
21		2		/			71						
22		2		/			72						
23		2		/			73						
24		2		/			74						
25	/		/				75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30	/		/	3			80						
31		/		/			81						
32		2		/			82						
33		2		/			83						
34		2		/			84						
35		2		/			85						
36	/		/				86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43	/		/				93						
44		/		/			94						
45		2		/			95						
46		2		/			96						
47		2		/			97						
48	/		/				98						
49	/		/				99						
50		2		/			100						
TOTAL IND.							TOTAL IND.		12				
TOTAL DEP.							TOTAL DEP.		55				
TOTAL CLAIMS							TOTAL CLAIMS		67				